

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Harry Samuel 19C3U
Name (Print) Housing Location
8-17-62 00201360 6-9-2005
Date of Birth SBI Number Date Submitted

Complaint (What type of problem are you having)? my tooth filling came
out 9 months ago and my teeth need to be filled and
my teeth need to be even up with Braces.
This is my 6th attempt to get treatment and its over
9 months and no treatment yet.

Harry Samuel 6-9-2005
Inmate Signature Date

The below area is for medical use only. Please do not write any further.

S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

MED

263

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Exhibit 24

See Exhibit A-19